## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/539298
APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

**CLAIMS** 

	AS FILED IND. DEP.		AFTER  I AMENDMENT  IND. DEP.		AFTER 2 AMENDMENT	
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CLAIMS	10	2		1	6 1 51	

PTO - 1360 (REV. 11/04)

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